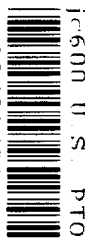


12-2801

CERTIFICATE OF EXPRESS MAILING

EXPRESS MAIL Mailing Label Number #648578605US
Date of Deposit: December 21, 2001
I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.
Name: Melissa Scanizzo
Signature: Melissa Scanizzo
Clifford Chance Rogers & Wells LLP



Docket No. 7205-201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION TRANSMITTAL

COMMISSIONER OF PATENTS
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application

Of: Andrew L. Shalit

For: METHOD AND SYSTEM FOR PROVIDING AUDIO CONFERENCING SERVICES
TO USERS OF ON-LINE TEXT MESSAGING SERVICES

ENCLOSED are the following:

1. ☒ Specification (41 pages), abstract (1 page) and claims (6 pages) (48 pages total)
2. ☒ 9 sheets of ☐ formal ☒ informal drawings (Figs. 1-9)

Suggested Figure for Publication: 1

3. ☒ Declaration
☐ signed ☒ unsigned
☐ Copy from a prior application (for continuation/divisional)
4. ☐ Application Data Sheet
5. ☐ Preliminary Amendment
6. ☐ Information Disclosure Statement and PTO-1449
7. ☐ Assignment and Assignment Recordation sheet (*Fee calculated separately*)
8. ☐ The prior application is assigned to: _____

The assignment was recorded on _____ at reel _____ and frame _____.

☐ A copy of the assignment from the prior application is enclosed.

9. ☐ Non-Publication Request
10. ☐ Other:

NOTE the following:

11. ☐ This application is made under 37 C.F.R. § 1.53 (b) and is a

☐ Continuation ☐ Continuation-In-Part ☐ Divisional
of Prior Application No. _____ filed _____

12. ☐ An Extension of time is filed concurrently herewith for the parent application.
13. Small Entity Status:
☒ Applicant is a small entity
14. ☐ Applicants claim priority from the following application(s) under 35 U.S.C. § 119:
15. ☒ Applicants claim priority from the following application(s) under 35 U.S.C. § 120:

<u>Serial Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Certified Copy Encl.</u>
60/261,347	US	1/12/01	N

15. ☐ Cancel claims _____ prior to calculation of the filing fee.

FILING FEE: calculated below (after accounting for any preliminary amendment or claims cancellations if noted above):

Basic Filing Fee			\$740.00
Total No. Claims 24	Extra Claims(Total-20) 4	Fee / claim \$18.00	\$72.00
Total No. Independent Claims 2	Extra Independ.(No.-3) 0	Fee / claim \$84.00	\$0.00
Multiple dependent claim? + \$280			\$0
Sub-Total			\$812.00
Small Entity? less 50%			-406.00
TOTAL FEE DUE			\$406.00

16. ☐ A check in the amount of _____ is enclosed (must at least cover the basic fee).
- ☒ The Commissioner is authorized to charge \$406.00 in connection with this communication to Deposit Account No. 50-0521.

In the event that a petition for extension of time is required to be submitted in the pending prior application, and in the event that a separate petition for the pending prior application is not filed on even date, applicant hereby petitions under 37 C.F.R.1.136(a) for an extension of time in the pending prior application of as many months as are required to render this submission timely. The Commissioner is authorized to charge any fees due in connection with such a petition to Deposit Account No. 50-0521.


The Commissioner is authorized to charge any fee or additional fee due in connection with this communication to Deposit Account No. 50-0521.

Parameter	Unit	Value
Height (cm)	170.0	
Weight (kg)	70.0	
Age (years)	25.0	
Sex	Male	
Education (years)	12.0	
Occupation	Student	
Marital status	Single	
Religion	Muslim	
Smoking status	Non-smoker	
Alcohol consumption	None	
Family history of disease	No	
Current medications	None	
Previous surgeries	None	
Comorbidities	No	
Psychological status	Stable	
Social support	Good	
Health insurance	Yes	
Access to healthcare	Good	
Health literacy	Good	
Health beliefs	Positive	
Health behaviors	Healthy	
Health status	Good	
Health outcomes	Positive	
Health satisfaction	High	
Health quality of life	High	
Health equity	Good	
Health justice	Good	
Health ethics	Good	
Health law	Good	
Health policy	Good	
Health economics	Good	
Health management	Good	
Health communication	Good	
Health education	Good	
Health promotion	Good	
Health research	Good	
Health innovation	Good	
Health technology	Good	
Health information	Good	
Health data	Good	
Health analytics	Good	
Health modeling	Good	
Health simulation	Good	
Health visualization	Good	
Health interaction	Good	
Health collaboration	Good	
Health partnership	Good	
Health network	Good	
Health ecosystem	Good	
Health environment	Good	
Health culture	Good	
Health values	Good	
Health norms	Good	
Health beliefs	Good	
Health behaviors	Good	
Health status	Good	
Health outcomes	Good	
Health satisfaction	Good	
Health quality of life	Good	
Health equity	Good	
Health justice	Good	
Health ethics	Good	
Health law	Good	
Health policy	Good	
Health economics	Good	
Health management	Good	
Health communication	Good	
Health education	Good	
Health promotion	Good	
Health research	Good	
Health innovation	Good	
Health technology	Good	
Health information	Good	
Health data	Good	
Health analytics	Good	
Health modeling	Good	
Health simulation	Good	
Health visualization	Good	
Health interaction	Good	
Health collaboration	Good	
Health partnership	Good	
Health network	Good	
Health ecosystem	Good	
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Health culture	Good	
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Health information	Good	
Health data	Good	
Health analytics	Good	
Health modeling	Good	
Health simulation	Good	
Health visualization	Good	
Health interaction	Good	
Health collaboration	Good	
Health partnership		

If any extension of time for this response is required, applicant requests that this be considered a petition therefore. Please charge the required Petition fee to Deposit Account No. 50-0521.

Please charge any insufficiency of fees., or credit any excess to our Deposit Account No. 50-0521.

12/21/01


Ira J. Schaefer
Reg. No. 26,802

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